|          | Preliminary  | Amendment                           |            |          |     |              |   |  |  |  |  |  |
|----------|--------------|-------------------------------------|------------|----------|-----|--------------|---|--|--|--|--|--|
| <u>X</u> | Information  | Disclosure                          | Statement, | PTO-1449 | and | reference(s) |   |  |  |  |  |  |
|          | Other        |                                     |            |          |     |              | • |  |  |  |  |  |
|          | Applicant re | oplicant requests early publication |            |          |     |              |   |  |  |  |  |  |

The filing fee has been calculated as shown below:

## LARGE ENTITY

## SMALL ENTITY

| FOR                        | NO. FILED         |      | NO. EXTRA RATE |                                       | Œ    | FEE |          | R          | RATE  |    | FEE |            |
|----------------------------|-------------------|------|----------------|---------------------------------------|------|-----|----------|------------|-------|----|-----|------------|
| BASIC FEE                  | *******<br>****** | **** | ***            | * * * * * * * * * * * * * * * * * * * | **** | * * | \$710.00 | or         | **    | ** |     | \$355.00   |
| TOTAL<br>CLAIMS            | 32 -              | 20 = |                | 12                                    | x18  | =\$ | 216.00   | or         | x     | 9  | =   | \$<br>0.00 |
| INDEPENDENT                | 6 -               | 3 =  |                | 3                                     | x80  | =\$ | 240.00   | or         | x<br> | 40 | =   | \$<br>0.00 |
| MULTIPLE DI<br>CLAIM PRESI | +270              | ) =  | \$270.00       | or                                    | +1   | .35 | =        | \$<br>0.00 |       |    |     |            |

TOTAL \$1,436.00

TOTAL \$ 0.00

X A check in the amount of \$1,476.00 to cover the filing fee and recording fee (if applicable) is enclosed.

Please charge Deposit Account No. 02-2448 in the amount of \$\_\_\_\_. A triplicate copy of this transmittal form is enclosed.

No fee is enclosed.

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Please send correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or Customer No. 2292 P.O. Box 747

Falls Church, VA 22040-0747 Telephone: (703) 205-8000

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If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

MARC S. WEINER Reg. No. 32,181 P. O. Box 747

Falls Church, Virginia 22040-0747

(703) 205-8000 MSW/pf